

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35983
Registrar's No. 2068

Registration District No. 784

Primary Registration District No. 107

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME Hugh E. Devlin

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Devlin 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 18 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 20 hr. min.

9. Birthplace Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Hugh Devlin

13. Birthplace Canada
(City, town, or county) (State or foreign country)

14. Maiden name Wm. Stenson

15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Sauderman

(b) Address 3706 Iowa Ave. St. Louis, Mo.

17. (a) Burial (b) Date thereof 10-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood, Mo.

19. OCT 9 - 1941 (Date received local registrar) (b) L. H. Bopp, Inc. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 809 Cleveland Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1941 hour 6 PM minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Third Degree Burns, of entire body

Due to Clothing burning from lighted cigar in pants pocket

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 10-8-41

(c) Where did injury occur? Kirkwood, Mo
(City or town) (Country) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? (Specify type of place) (e) Means of injury 3

23. Signature Louis H. Bopp (M. B. Bopp)

Address Kirkwood, Mo. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

223

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No. 3288
P. O. Address. Kirkwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.